



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION 5
RCRA ACTIVITIES
P.O. BOX A3587
CHICAGO, ILLINOIS 60690

DEC 31 1991

TURTLE WAX INC
ATTN: R SIEKMAN
5655 W 73RD ST
BEDFORD PARK, IL 60638

RE: EPA ID #: ILD 006 138 771

In response to your request of 11 13 91 the following
information has been updated:

Name of installation contact
Legal owner to

RANDALL SIEKMAN 708 563 3777
TURTLE WAX INC

If you have any questions, please contact me at (312) 886-6173.

Sincerely,

Sharon Kiddon
RCRA Notifications Coordinator
Waste Management Division

cc: State Agency
File



For Official Use Only

[illegible][illegible][illegible][illegible][illegible][illegible][illegible]

C 2	S	I	E	K	M	A	N		R	A	N	D	A	L	L		E	N	G	7	0	8	5	6	3	3	7	7	7
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T	U	R	T	L	E		W	A	X		I	N	C.						P
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☐ 1a. Generator ☒ 1b. Less than 1,000 kg/mo.

☐ 2. Transporter

☐ 3. Treater/Store/Disposer

☐ 4. Underground Injection

☐ 5. Market or Burn Hazardous Waste Fuel
(enter 'X' and mark appropriate boxes below)

☐ a. Generator Marketing to Burner

☐ b. Other Marketer

☐ c. Burner

☐ a. Generator Marketing to Burner

☐ b. Other Marketer

☐ c. Burner

☐ 7. Specification Used Oil Fuel Marketer (or On site Burner) Who First Claims the Oil Meets the Specification

☐ **C. Industrial Furnace**☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify) _____

☐ A. First Notification ☒ B. Subsequent Notification (complete item C)

I	L	D	0	0	5	1	3	8	7	7	1
---	---	---	---	---	---	---	---	---	---	---	---

ID — For Official Use Only														
C													T/A	C
W														1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☒ 1. Ignitable
(D001)

☐ 2. Corrosive
(D002)

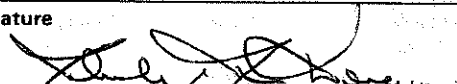
☐ 3. Reactive
(D003)

☐ 4. Toxic
(D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature



Name and Official Title (type or print)

Phil Donegan, Vice President of
Operations and Industrial Sales

Date Signed

11/04/91



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION V
230 SOUTH DEARBORN ST.
CHICAGO, ILLINOIS 60604

AUG 26 1983

REPLY TO ATTENTION OF:

5HW-13

H. Kornhaber, Group Vice President
Research and Development
Turtle Wax, Incorporated
5655 West 73rd Street
Chicago, Illinois 60638

RE: Withdrawal of Part A
(Non-Hazardous Waste)
FACILITY NAME: Turtle Wax, Incorporated
USEPA ID No.: ILD 005 138 771

Dear Mr. Kornhaber:

This to acknowledge that the United States Environmental Protection Agency (USEPA) has completed its review of your Part A Hazardous Waste Permit Application and your letter of June 28, 1983, requesting the withdrawal of your permit application. According to the information which you have submitted, the wastes which are treated, stored or disposed at your facility are not defined as a hazardous waste in 40 CFR 261.3. It is the opinion of this office, based on the information submitted that your facility is not required to have a hazardous waste permit under Section 3005 of the Resource Conservation and Recovery Act at this time. Please be advised that you must still comply with any applicable State and local requirements.

You will retain your USEPA Identification number if you notified that the facility is a generator or transporter of a hazardous waste.

Please contact the Technical, Permits and Compliance Section at (312) 353-2197 for assistance if you have any questions. Please refer to "Withdrawal of Part A (Non-Hazardous Waste)," in all telephone contacts and correspondence.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief
Waste Management Branch

cc: Raymond M. Wick, Quality Control Manager
Manuel Hernandez, Vice President-Operations
IEPA ✓



turtle wax, inc.

5655 WEST 73RD STREET • CHICAGO, ILLINOIS 60638

TELEX: No. 253-670

312-284-8300



June 28, 1983

Mr. Karl J. Klepitsch, Jr., Chief
Waste Management Branch
United States Environmental
Protection Agency, Region V
230 South Dearborn Street
Chicago, Illinois 60604

ILD 005 138 771, PA, G1 TSD, PAS1

Dear Mr. Klepitsch:

By copy of this letter, we are formally requesting the withdrawal of Turtle Wax's Part A Hazardous Waste Permit Application.

Our waste has been tested on a regular basis since 1980. We have never received any test data that indicates our waste is hazardous and therefore subject to the Resource Conservation and Recovery Act. At no time since November 19, 1980 did Turtle Wax operation treat, store, transport or dispose of hazardous waste.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Sincerely,

TURTLE WAX, INC.

H. Kornhaber
Group Vice President -
Research and Development

HK:meg



WASTE MANAGEMENT
BRANCH



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION V
230 SOUTH DEARBORN ST.
CHICAGO, ILLINOIS 60604

JUN 23 1983

REPLY TO ATTENTION OF:
5HW-13

Raymond M. Wick, Quality Control Manager
Turtle Wax, Incorporated
5655 West 73rd Street
Chicago, IL 60638

RE: Permit Application Withdrawal Letter
FACILITY NAME: Turtle Wax Incorporated
U.S. EPA ID NO.: ILD 005 138 771

Dear Mr. Wick:

This is to acknowledge receipt of your letter of October 6, 1982, requesting the withdrawal of your Part A Hazardous Waste Permit Application. Your request was not signed and certified by an authorized person, in accordance with 40 CFR Part 270.11 (enclosed). Please resubmit your request with the correct signature and certification, so that your withdrawal can be processed. Your request must contain a detailed explanation why the application should be withdrawn. Also, if at any time, since November 19, 1980, your operation included treatment, storage, or disposal of hazardous waste subject to 40 CFR Part 265, a closure plan must be filed with the withdrawal request. Requirements for closure are found in 40 CFR Part 265 Subpart G (enclosed).

If no response is received in this office within 30 days, we will assume your facility requires a permit. Accordingly we will continue to process your application.

Please feel free to contact the Technical, Permits, and Compliance Section at (312) 353-2197 for assistance, if you have any questions. Please refer to "Permit Application Withdrawal Letter," in all correspondence on this matter.

Sincerely yours,


Karl J. Klepitsch, Jr., Chief
Waste Management Branch

Enclosure

cc: Manuel Hernandez, Vice President Operations

To Not file

tu tle wax, inc.

312-284-8300

5655 WEST 73RD STREET • CHICAGO, ILLINOIS 60638

TELEX: No. 253-670

October 6, 1982

NO ACTION TAKEN
PENDING DECISION ON WITHDRAWAL
BY EPA STAFF

DATE 10/08/82

George Garland
Office of Solid Waste (WH-562)
U.S. Environmental Protection Agency
Room S-273
401 M. Street S.W.
Washington, D.C. 20460

Subject: RCRA Survey
ID#ILD005138771 C, TSD, PA

RECEIVED

OCT 07 1982

WASTE MANAGEMENT BRANCH
EPA REGION V

Dear Mr. Garland:

August 31, Turtle Wax recieved a questionnaire concerning hazardous waste management, as it relates to the Resource Conservation and Recovery Act, RCRA. The questionnaire was sent to us by Mr. John H. Skinner, Acting Director, Office of Solid Waste. A copy of the cover letter is attached.

Turtle Wax does not believe the Resourse Conservation and Recovery Act pertains to its' operation. We have been testing our waste for the past two years, and the test results do not indicate that our waste is "Hazardous" as defined by RCRA.

Background

During 1980, Turtle Wax filed a notification and an application for a permit to generate, treat, and store ignitable hazardous waste. At that time, we submitted the appropriate forms as a contingency plan.

We considered this to be a contingency plan because our waste, at that time, was nonhazardous. However, most of our data came from the "slow" manufacturing season and we did not know if our waste would continue to be nonhazardous, during the "busy" season.

Also, we were considering the introduction of some new products, and we did not know if the waste from these new products would have an adverse impact on our waste. Therefore, to be safe, we assumed the worst case scenario, and filed under RCRA. We decided to maintain this status until we built an adequate data base, to assure ourselves and the USEPA that our waste was nonhazardous, both in the short term and long term.

As of mid 1980 we have been sampling and testing our waste. At no time, did our waste meet the hazardous waste criteria as outlined by RCRA.

RECEIVED
10/07/82

October 25, 1981, Turtle Wax had a meeting with inspectors for the Illinois Environmental Agency, IEPA, regarding our status under RCRA. Since the state will eventually accept the enforcement responsibility for RCRA, the inspectors wanted to know exactly how we were managing our waste.

We shared the above information and data with the inspectors. They agreed that we did not have hazardous waste and therefore RCRA did not apply.

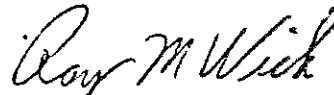
Conclusion

Based upon past data and our knowledge of possible future changes to our waste, Turtle Wax does not fall under the jurisdiction of the Resource Conservation and Recovery Act. We, therefore, do not believe the questionnaire is relevant to the Turtle Wax operation.

Please call, if you have any questions.

Yours truly,

TURTLE WAX, INC.



Raymond M. Wick
Quality Control Manager

RMW/mh

cc: H. Kornhaber
C. DeAndrea
A. Kawatachi
Y.J. Kim



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D.C. 20460

AUG 17 1982

OFFICE OF
SOLID WASTE AND EMERGENCY RESPONSE

Mr. Manuel Hernandez
Vice President, Operations
Turtle Wax Inc.
5655 West 73rd Street
Chicago, Illinois 60638
RE: ID No. ILD005138771

QC
RECEIVED
AmW
AUG 31 1982

Dear Mr. Hernandez:

The enclosed questionnaire concerning hazardous waste management practices is being sent to you under the authority of Section 3007(a) of the Resource Conservation and Recovery Act. Your response, which is due within 45 days from the date this letter was received, is required by law. This questionnaire is part of EPA's efforts to comply with Executive Order 12291 and with the objectives of the President's Task Force on Regulatory Relief.

Information obtained from this questionnaire will be used to reevaluate the effectiveness of our existing regulatory program and to identify situations where the regulations could achieve equal protection at lower cost.

Your site was selected from a random sample of representative hazardous waste generators and hazardous waste management facilities. In addition to your answers to the questionnaire, we would appreciate your views on specific ways that we can make the hazardous waste regulations less burdensome and more practical.

You may not withhold information from the Administrator or her authorized representatives because it is confidential. However, when the Administrator is requested to consider information confidential, she is required to treat it accordingly if disclosure would divulge methods or processes entitled to protection as trade secrets. EPA's regulations concerning confidentiality of business information are contained in Title 40 of the Code of Federal Regulations, Part 2, Subpart B.

These regulations provide that a business may, if it desires, assert a claim of business confidentiality covering all or part of the information furnished to EPA. Section 40 CFR 2.203(b) tells how to assert a claim. The Agency will treat information covered by such a claim in accordance with the procedures set forth in the Subpart B regulations. If someone requests release of information covered by a claim of confidentiality or if the Agency otherwise decides to make a determination whether or not such information is entitled to confidential treatment, we will notify the business. EPA will not disclose information as to when a claim of confidentiality has been made except to the extent and in accordance with 40 CFR Part 2, Subpart B. If, however, the business does not claim confidentiality when it furnishes information to EPA, we may make the information available to the public without notice to the business.

Contractors are assisting us in this information gathering activity and we intend to share information in the questionnaire with them. (See addendum for the contractors involved in our effort.) You have 20 working days from the day you received this letter to submit comments on the proposed disclosure to these contractors.

Should you have any questions regarding this questionnaire, please call our toll-free RIA mail questionnaire assistance service--(800) 638-8985. If you have any questions concerning your status under the RCRA regulations or any other questions on regulatory issues, please call the RCRA-Superfund hotline--(800) 424-9346 or 382-3000 in Washington, D.C. The telephone assistance staff may forward your questions to specific staff who will call you back with answers. When you call, be prepared to provide your name and phone number, your facility's EPA identification number, the title of the component about which you are calling, and the number of the question about which you have a query. If our toll-free number is busy, you may call George Garland at (202) 382-4632 and provide him with the same information, and he will have the appropriate staff person return your call.

Thank you in advance for your cooperation in providing much-needed information during this phase of EPA's regulatory reform process. We recognize that the RIA mail questionnaire is extensive, but we hope you agree that ultimately it will result in making our regulations more reasonable and effective.

Sincerely,

John H. Skinner

John H. Skinner
Acting Director
Office of Solid Waste

RECEIVED
OCT 27 1982
WASTE MANAGEMENT BRANCH
SECTION V

Addendum
Enclosures

ADDENDUM

Contractors authorized to provide support to this project, under contract number 68-01-6322, are:

- o Development Planning and Research Associates, Inc. (DPRA);
- o Pope-Reid Associates, Inc. (PRA);
- o Midwest Research Institute (MRI);
- o Putnam, Hayes and Barlett, Inc. (PHB);
- o Temple, Barker and Sloane, Inc. (TBS);
- o ETA Engineering, Inc. (ETA);
- o Research Triangle Institute (RTI);
- o Performance Development Institute (PDI);
- o ICF Incorporated (ICF);
- o SCS Engineers, Inc. (SCS);
- o Clement Associates;
- o Westat, Inc.;
- o Industrial Economics, Inc. (IEC);
- o E. A. Hickok Associates, Inc. (EAH);
- o Donohue & Associates, Inc.;
- o Livermore Associated Research Group, Inc. (LARG);
- o Geraghty & Miller Inc. (G&M); and
- o Sobotka & Company, Inc. (SCI).



Environmental Protection Agency

1701 S. First Street Maywood, IL. 60153

312/345-9780

Refer to: Cook County - ILD005138771 - Chicago/Turtle Wax, Inc.

January 27, 1982

Turtle Wax, Inc.
5655 W. 73rd Street
Chicago, Illinois 60638

Attn: Mr. Ray Wick,
Quality Assurance Manager

Dear Mr. Wick:

An inspection of the above facility was conducted by a representative of the Illinois Environmental Protection Agency (IEPA) on January 25, 1982. This inspection was conducted by the Illinois Environmental Protection Agency under a Cooperative Arrangement with, and authorization of, the United States Environmental Protection Agency (USEPA). A copy of the inspection report is enclosed. The purpose of the inspection was to determine your facility's compliance status with the Resource Conservation and Recovery Act (RCRA) of 1976, P.L. 94-580, as amended. Based on the information obtained during the inspection we have determined that the above facility is exempt from RCRA.

Therefore since your facility is not regulated under RCRA, we recommend that you submit a letter to US EPA Region V, RCRA Activities, Post Office Box 7861, Chicago, Illinois 60680, requesting that your EPA Form 8700-12 Notification of Hazardous Activity be withdrawn. Copies of this letter should also be sent to US EPA, Enforcement Division, Attention: Water and Hazardous Materials Compliance Section, 230 South Dearborn Street, Chicago, Illinois 60604, and to the Illinois EPA, at the above address.

Your cooperation and efforts in this matter are appreciated. Should you have any questions about the report or letter, please contact Charles Gebien at the above number.

Sincerely,

Kenneth P. Bechely, Northern Region Manager
Field Operations Section
Division of Land/Noise Pollution Control

KPB:CMG:prb

Enclosure: Inspection Report

cc: Division File
Region
USEPA



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

MEMORANDUM

ISS

TO: DIVISION FILE DATE: 1/26/82FROM: CHARLES GERBASI ☐ Information onlySUBJECT: COOK CO - CHICAGO / TURTLE WAX INC. ILDC05138771 ☐ Response requested

THIS FACILITY NOTIFIED UNDER RCRA AND SUBMITTED A "PART A" FOR STORAGE AND TREATMENT. THIS ACTION WAS TAKEN AS A PRECAUTIONARY MEASURE AS TURTLE WAX INC. WAS UNDER IF ITS RESIDUAL WAX AND WATER COMPOSITE WASTE WOULD BE GENERATED BY THEM WOULD BE CONSIDERED HAZARDOUS.

AT THE TIME OF INSPECTION 1/25/82, THIS FACILITY INFORMED ME THAT THIS WASTE WAS BEING DETERMINED TO BE NON-HAZARDOUS AFTER REVIEWING ANALYSES. I CONCUR WITH THEM. TURTLE WAX HAS AGREED TO SEND A LETTER TO USEPA AND IEPA REGARDING THIS MATTER.

AFTER REVIEWING SAID PERMITS AND ANALYSES AT THE FACILITY I OBSERVED THE FOLLOWING INFORMATION:

- THIS FACILITY GENERATES A NON-HAZARDOUS RESIDUAL WAX AND WATER WASTE FROM PROCESS TANK AND LINE CLEANING.

- THIS WASTE IS ACCUMULATED IN TANKS AND IS REMOVED USUALLY TWICE A MONTH BY CHWMT. THE TANKER TRUCK TO CHICAGO / S.D.

- NO MANIFEST VIOLATIONS WERE OBSERVED

NONE
STATE IDENTIFICATION NUMBER
(If Applicable)

EXEMPT
FROM
R.C.R.A.

1LD005138771
EPA IDENTIFICATION NUMBER

RCRA INSPECTION REPORT - INTERIM STATUS STANDARDS
TREATMENT, STORAGE, AND DISPOSAL FACILITIES
Form A - General Facility Standards

I. General Information:

(A) Facility Name: TURTLE WAX INC.
(B) Street: 5655 W 73RD ST.
(C) City: CHICAGO (D) State: ILL. (E) Zip Code: 60638
(F) Phone: 312 - 284 - 8300 (G) County: COOK
(H) Operator: MANUEL HERNANDEZ
(I) Street: ABOVE
(J) City: " (K) State: " (L) Zip Code: "
(M) Phone: " (N) County: "
(O) Owner: ABOVE
(P) Street: "
(Q) City: " (R) State: " (S) Zip Code: "
(T) Phone: " (U) County: "
(V) Date of Inspection: 1/25/82 (W) Time of Inspection (From) 10 AM (To) 11 AM
(X) Weather Conditions: SNOWING \approx 10°F

THIS FACILITY GENERATES A RESIDUAL WAX AND WATER COMPOSITE WASTE FROM CLEANING OF TANKS ETC. CHEMICAL WASTE MANAGEMENT OF ILLINOIS REMOVES THIS WASTE FROM WASTE ACCUMULATION TANKS VIA PUMP TANKER TRUCKS. THIS WASTE IS REMOVED TWICE MONTHLY AND DISPOSED OF AT CHICAGO/C.I.O.. THIS WASTE IS NOT A LISTED WASTE, IT IS NON-IGNITABLE AND NON-EP TOXIC AS ANALYSIS SHOWS. TURTLE WAX INC. WISHES TO BE REMOVED FROM INTERIM STATUS, AS THIS WASTE IS NON-HAZARDOUS AND NO OTHER WASTE GENERATED AT THE FACILITY IS HAZARDOUS. FACILITY WILL SEND LETTER OF THIS INTENT TO USEPA AND IEPA.



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION V
230 SOUTH DEARBORN ST.
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:
RCRA ACTIVITIES

RECEIVED

OCT 20 1981

WASTE MANAGEMENT BRANCH
EPA REGION V

Turtle Wax Inc.
Manuel Hernandez, VP Operator
5655 West 73rd. Street
Chicago, Illinois 60638

RE: Hazardous Waste Permit Application-Incomplete Part A
Facility Name (and EPA ID number) ILD005138771
Facility Address

We have completed our review of your Part A RCRA permit application for the facility referenced above. The application was incomplete; therefore, we are returning it to you along with a checklist which indicates the missing items. Please complete all missing items marked with an asterisk (*) on the application form, and return the form in time to reach this office by November 2, 1981. All other missing items marked on the checklist should be completed and may be forwarded to this office under separate cover by December 2, 1981.

All of these items are necessary in order for the U.S. Environmental Protection Agency to determine whether your facility qualifies for interim status. Once you receive interim status, your facility may continue operating under the interim status standards until such time as a Part B application is requested by USEPA. At that time, you will have up to six months to submit the Part B portion of the application and to show that you comply with the final detail technical standards.

Please note that some of your original entries on the forms may be changed. We have coded your forms to accommodate key punching for subsequent computer processing; all of our coding was done in blue ink only.

If you have any questions or wish to discuss the missing items on the checklist, please feel free to contact Uylaine Bonahene, the reviewer of your application, at (312) 886-3718 or me at (312) 886-7449.

Sincerely yours,


Arthur S. Kawatachi
Regional Project Officer

Enclosure

P.S. All missing items marked with an asterisk must be submitted to us with a cover letter signed by the appropriate certifying official (Item XIII on Form 1 and/or Item IX and X on Form 3) or his duly authorized representative.

RECEIVED
10/20/81

ON list. BT
turtle wax, inc.

312-284-8300

5655 WEST 73RD STREET • CHICAGO, ILLINOIS 60638

TELEX: No. 253-670

RECEIVED

OCT 20 1981

October 14, 1981

WASTE MANAGEMENT BRANCH
EPA, REGION V

RCRA ACTIVITIES
Region V
P. O. Box A3587
Chicago, Illinois 60690-3587

Attention: Mr. Arthur S. Kawatachi

Dear Mr. Kawatachi:

Per our phone conversation of this afternoon, I am returning to your attention Form #1 which you sent to us. As you stated in our phone conversation, you have another set of forms there which were overlooked. I trust the information is now complete.

Should you need any further information, please do not hesitate to contact us.

Sincerely,

TURTLE WAX, INC.

Trudi Dedic

Trudi Dedic
Secretary

td
Encl.

cc: C. DeAndrea
R. Wick

RECEIVED
10/20/81

RECORD OF COMMUNICATION	<input type="checkbox"/> PHONE CALL <input type="checkbox"/> DISCUSSION <input type="checkbox"/> FIELD TRIP <input type="checkbox"/> CONFERENCE <input type="checkbox"/> OTHER (SPECIFY)			
	(Record of item checked above)			
TO:	FROM:		DATE	
Art Kawatachi	Trudy Dedic Turtle Wax		10/14/81	
			TIME	2:30
SUBJECT: Turtle Wax Part A application				

SUMMARY OF COMMUNICATION

Trudy indicated she had received a copy of our "return to applicant - core-item missing" letter, but was confused because the installation had submitted all forms (1 & 3) plus photos & diagram with original submission. Our checklist showed Form 3 was missing - Advised her I'd check in to matter and return call — Later — I found form 3 + ^{photo} ~~map~~ + diagram in an envelope attached to reviewer's copy of application & check sheet - I check Form 3 & it appeared in order.

CONCLUSIONS, ACTION TAKEN OR REQUIRED

- ① Requested CSC to revise check sheet & pages Part A from Phase I to Phase II, also annotate "A" -
- ② Returned Trudy's call and advised her to return Part A Form 1 and that application looked okay -
- ③ I'll process application when resubmitted -

INFORMATION COPIES

TO:

Uylaine

309

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		EPA I.D. NUMBER FIELD 005138771	
I. EPA I.D. NUMBER		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
III. FACILITY NAME					
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					
II. POLLUTANT CHARACTERISTICS					
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.					
SPECIFIC QUESTIONS		MARK 'X' YES NO FORM ATTACHED		SPECIFIC QUESTIONS	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		16 17 18		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		22 23 24		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		28 29 30		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		34 35 36		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		40 41 42		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	
III. NAME OF FACILITY					
1 SKIP TURTLE WAX INC					
IV. FACILITY CONTACT					
A. NAME & TITLE (last, first, & title)				B. PHONE (area code & no.)	
2 HERNANDEZ MANUEL VP OPERATIONS				3 1 2 2 8 4 8 3 0 0	
V. FACILITY MAILING ADDRESS					
A. STREET OR P.O. BOX					
3 5 6 5 5 WEST 73RD STREET					
B. CITY OR TOWN					
4 CHICAGO					
C. STATE					
I L					
D. ZIP CODE					
6 0 6 3 8					
VI. FACILITY LOCATION					
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER					
5 5 6 5 5 WEST 73RD STREET					
B. COUNTY NAME					
COOK					
C. CITY OR TOWN					
6 CHICAGO					
D. STATE					
I L					
E. ZIP CODE					
6 0 6 3 8					
F. COUNTY CODE (if known)					
N A					

NOV 19 1980

VII. SIC CODES (4-digit, in order of priority)

VIII. OPERATOR INFORMATION

X. EXISTING ENVIRONMENTAL PERMITS

XI. MAP

XII. NATURE OF BUSINESS (provide a brief description)

XIII. CERTIFICATION (see instructions)

COMMENTS FOR OFFICIAL USE ONLY

PA Form 3510-1 (6-80)

REVERSE

FORM 3 RCRA

U.S. ENVIRONMENTAL PROTECTION AGENCY

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

EPA I.D. NUMBER

F I L D 0 0 5 1 3 8 7 7 1

T/A C 1

FOR OFFICIAL USE ONLY

APPLICATION APPROVED

DATE RECEIVED (yr., mo., & day)

COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

71

C

YR.

MO.

DAY

8

7 3

0 7

0 9

15

73 74

75 76

77 78

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

☐ 2. NEW FACILITY (Complete item below.)

71

C

YR.

MO.

DAY

15

73 74

75 76

77 78

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☒ 1. FACILITY HAS INTERIM STATUS

72

☐ 2. FACILITY HAS A RCRA PERMIT

72

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS

PRO-CESS CODE

APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY

Storage:

CONTAINER (barrel, drum, etc.)

TANK

WASTE PILE

SURFACE IMPOUNDMENT

Disposal:

INJECTION WELL

LANDFILL

LAND APPLICATION

OCEAN DISPOSAL

SURFACE IMPOUNDMENT

S01

S02

S03

S04

D79

D80

D81

D82

D83

GALLONS OR LITERS

GALLONS OR LITERS

CUBIC YARDS OR CUBIC METERS

GALLONS OR LITERS

GALLONS OR LITERS

ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER

ACRES OR HECTARES

GALLONS PER DAY OR LITERS PER DAY

GALLONS OR LITERS

PROCESS

PRO-CESS CODE

APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY

Treatment:

TANK

SURFACE IMPOUNDMENT

INCINERATOR

OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)

T01

T02

T03

T04

GALLONS PER DAY OR LITERS PER DAY

GALLONS PER DAY OR LITERS PER DAY

GALLONS PER DAY OR LITERS PER DAY

TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR

GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE

UNIT OF MEASURE CODE

UNIT OF MEASURE

UNIT OF MEASURE CODE

UNIT OF MEASURE

UNIT OF MEASURE CODE

GALLONS.....G

LITERS.....L

CUBIC YARDS.....Y

CUBIC METERS.....C

GALLONS PER DAY.....U

LITERS PER DAY.....V

TONS PER HOUR.....D

METRIC TONS PER HOUR.....W

GALLONS PER HOUR.....E

LITERS PER HOUR.....H

ACRE-FEET.....A

HECTARE-METER.....F

ACRES.....B

HECTARES.....Q

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S

C

DUP

T/A C

1

1 12

13 14 15

16 17 18 19

20 21 22 23 24 25 26 27

28

29 30 31 32

33 34 35 36 37 38 39 40

41 42 43 44 45 46 47 48 49 50

LINE NUMBER

A. PRO-CESS CODE (from list above)

B. PROCESS DESIGN CAPACITY

1. AMOUNT (specify)

2. UNIT OF MEASURE (enter code)

FOR OFFICIAL USE ONLY

LINE NUMBER

A. PRO-CESS CODE (from list above)

B. PROCESS DESIGN CAPACITY

1. AMOUNT

2. UNIT OF MEASURE (enter code)

FOR OFFICIAL USE ONLY

X-1

S 0 2

600

G

5

X-2

T 0 3

20

E

6

1

S 0 2

11,300

G

7

2

T 0 1

75,000

U

8

3

9

4

10

16 17 18 19

20 21 22 23 24 25 26 27

28

29 30 31 32

33 34 35 36 37 38 39 40

41 42 43 44 45 46 47 48 49 50

EPA Form 3510-3 (6-80)

PAGE 1 OF 8

CONTINUE ON REVERSE

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "104"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE
POUNDS P
TONS T

METRIC UNIT OF MEASURE CODE
KILOGRAMS K
METRIC TONS M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZ. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY														
S W I L D 0 0 5 1 3 8 7 7 1 T/A C 1													S W DUP T/A C 2 DUP														
1 2 13 14 15													1 2 13 14 15 23 24 25 26														
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																											
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE				C. UNIT OF MEASURE (enter code)		D. PROCESSES																
											1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))								
23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
1	D	0	0	1				637			T			S	0	2	T	0	1								
2																											
3																											
4																											
5																											
6																											
7																											
8																											
9																											
10																											
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22																											
23																											
24																											
25																											
26																											

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)													
S											T/A	C	
F	I	L	D	0	0	5	1	3	8	7	7	1	6

All **existing** facilities must include in the space provided on page 5 a scale drawing of the facility (*see instructions for more detail*).

All existing facilities must include photographs (*aerial or ground-level*) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (*see instructions for more detail*).

LATITUDE (degrees, minutes, & seconds)

8	7	4	5		3	0
65	66	67	68	69	70	71

LONGITUDE (degrees, minutes, & seconds)

	4	1		4	5		3	0
72	-	74	75	76	77	-	79	

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

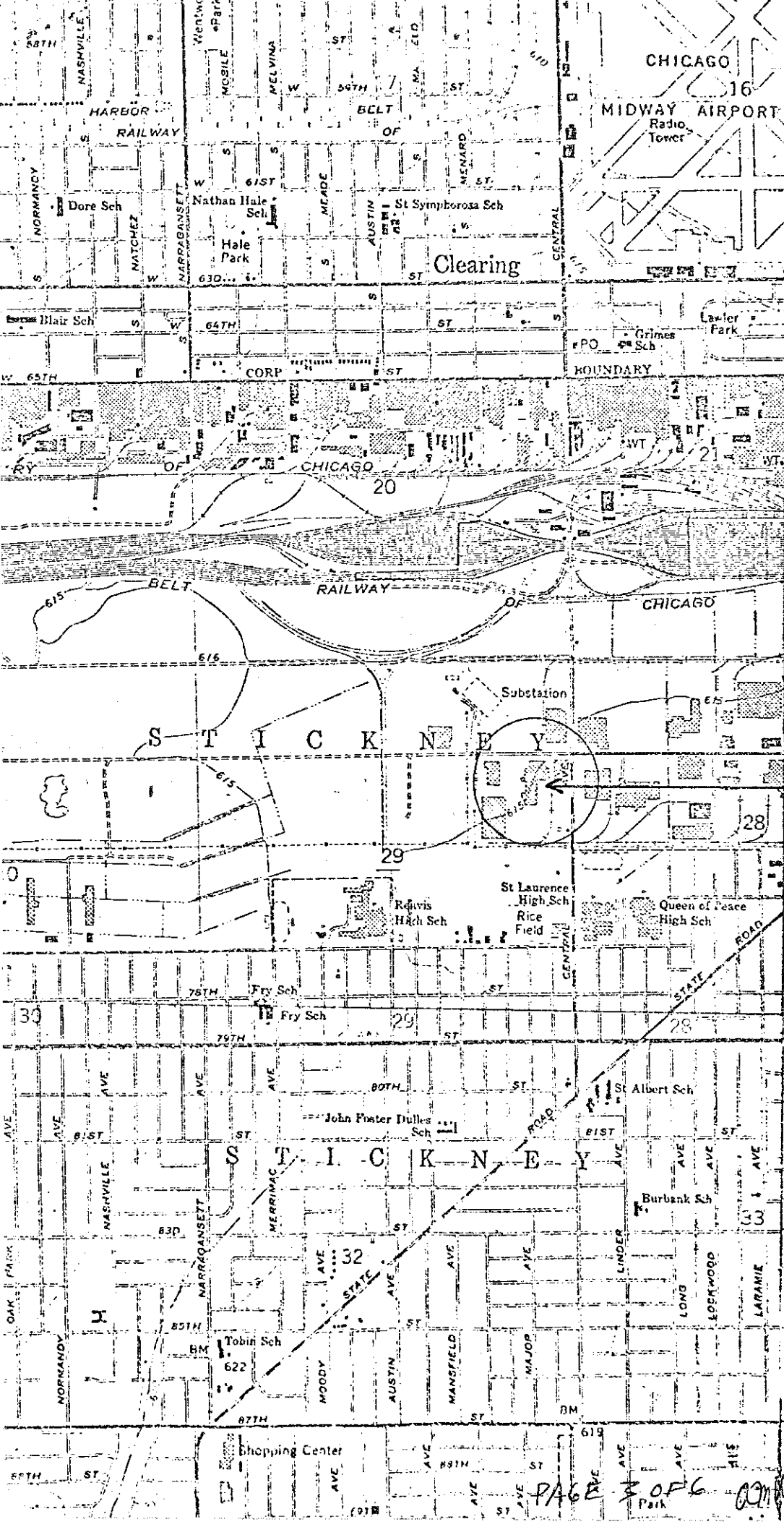
1. NAME OF FACILITY'S LEGAL OWNER															2. PHONE NO. (area code & no.)									
<div> <div>C</div> <div>E</div> </div>															<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div>									
19 16 -															55 58 - 56 59 - 61 62 - 63									
3. STREET OR P.O. BOX										4. CITY OR TOWN					5. ST.		6. ZIP CODE							
<div> <div>C</div> <div>F</div> </div>										<div> <div>C</div> <div>G</div> </div>					<div> <div></div><div></div> </div>		<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div>							
15 16 - 45 15 16 -										40 41 42					47 - 51									

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
M.E. Hernandez		November 18, 1980

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
-------------------------	--------------	----------------



THIS SECTION
IS FOR THE
ENGLEWOOD
MAP. TURTLE
WAX WAS NOT
ABLE TO LOCATE
AN ENGLEWOOD
MAP.

TURTLE WAX WILL
COMPLETE THIS
SECTION UPON
RECEIPT OF THE
ENGLEWOOD MAP.

TURTLE WAX



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION V

111 West Jackson Blvd.
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:
RCRA ACTIVITIES

JUN 16 1982

Manuel Hernandez, Vice President
Operations
Turtle Wax Inc.
5655 West 73rd, Street
Chicago, Illinois 60638

RE: Interim Status Acknowledgement
FACILITY NAME: TURTLE WAX INC.

USEPA ID No. ILD005138771

Dear Mr. Hernandez:

This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for Interim Status. Our opinion will be reevaluated on the basis of this information.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265, or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from your Part A Permit application. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR Part 122.23; your facility may operate under interim status until such time as a permit is issued or denied. This will be preceded by a request from this office or the State (if authorized) for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

Sincerely,

Karl J. Klepitsch, Jr., Chief
Waste Management Branch

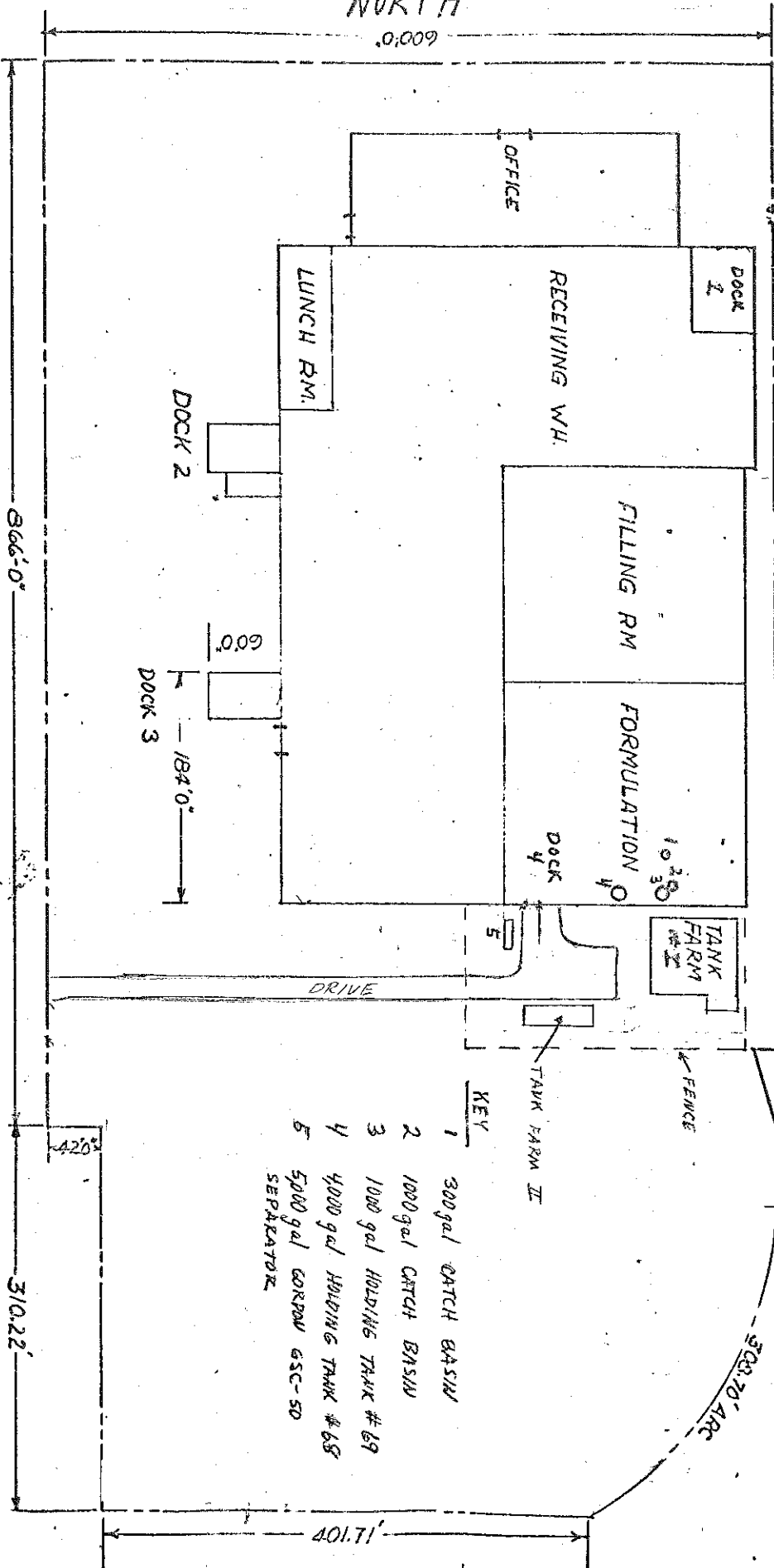
yes
6/15/82

Enclosure

TURTLE WAX WILL
COMPLETE THIS
SECTION UPON
RECEIPT OF THE
ENGLEWOOD MAP.

TURTLE WAX

TURTLE WAX NORTH



- KEY**
- 1 300 gal OILY WASH
 - 2 1000 gal OILY WASH
 - 3 1000 gal HOLDING TANK #69
 - 4 4000 gal HOLDING TANK #68
 - 5 5000 gal CORROD GSC-50 SEPARATOR

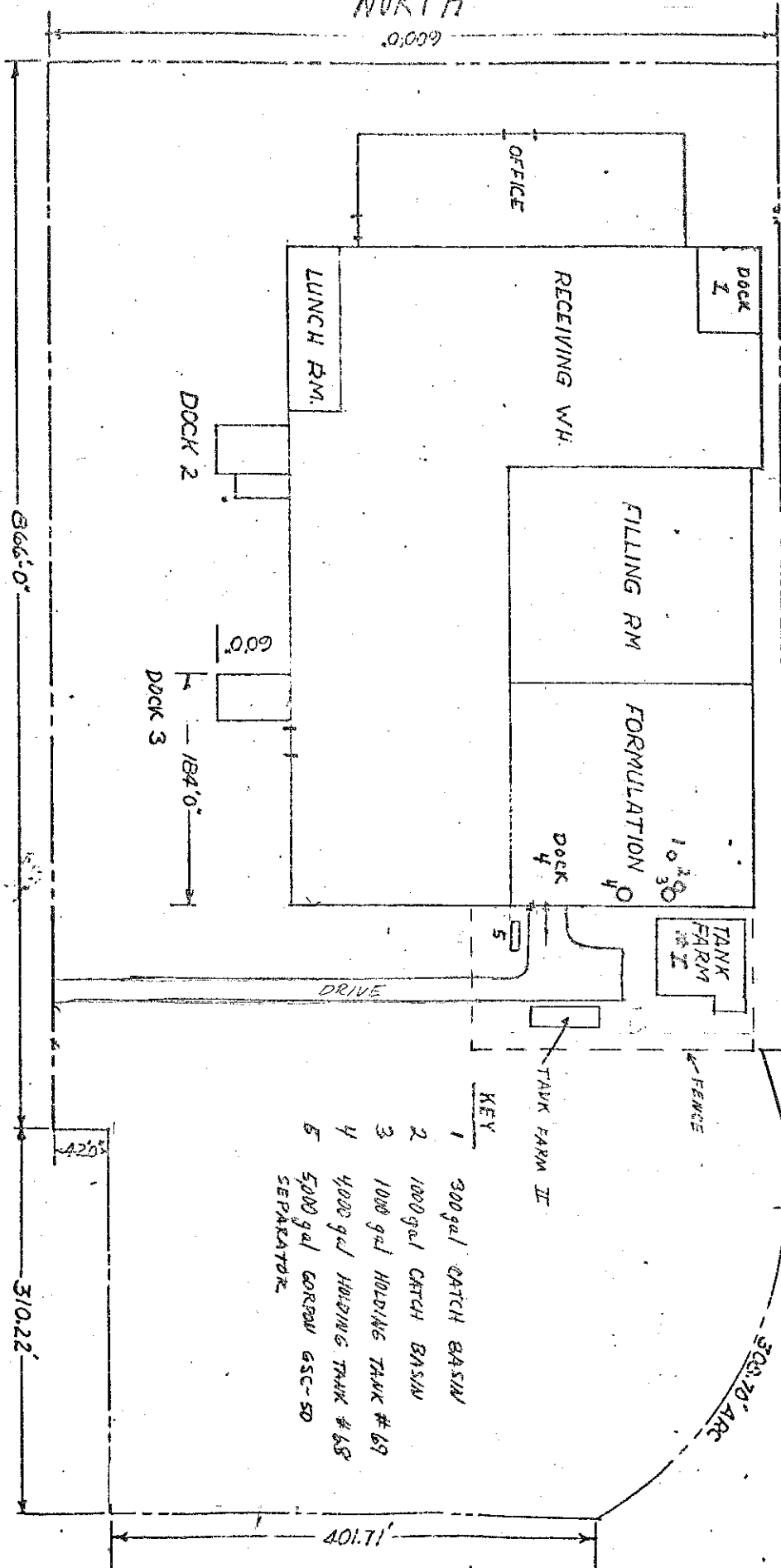
SOUTH

WEST

RTS

TURTLE WAX LEGAL BOUNDARIES NORTH

309



WEST

EAST

SOUTH

RTS

Item X:

- (E) RD911 User Charge Monthly Certified Statement for the Metropolitan Sanitary District of Greater Chicago.

ROUTING AND TRANSMITTAL SLIP		Date
TO: (Name, office symbol, room number, building, Agency/Post)		Initials Date
1.	Versar	
2.		
3.	ILD 005 138 771	
4.		
5.		

Action	File	Note and Return
Approval	For Clearance	Per Conversation
As Requested	For Correction	Prepare Reply
Circulate	For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

REMARKS

Please use this letter from Turtle Wax to change them to non-regulated.
Thanks

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)	Room No.—Bldg.
Bob Stone	Phone No.

5041-102
☆ GPO : 1980 O - 311-156 (6)

OPTIONAL FORM 41 (Rev. 7-76)
Prescribed by GSA
FPMR (41 CFR) 101-11.206

TURTLE WAX



DATE OF PHOTO JUNE 1979

NORTH



SOUTH

OIL SEPARATOR



NORTH

SOUTH

DATE OF PHOTO AUG 1980

TURTLE WAX
DATE OF PHOTOS AUG '80

SOUTH



NORTH

300 gal CATCH BASIN

SOUTH



NORTH

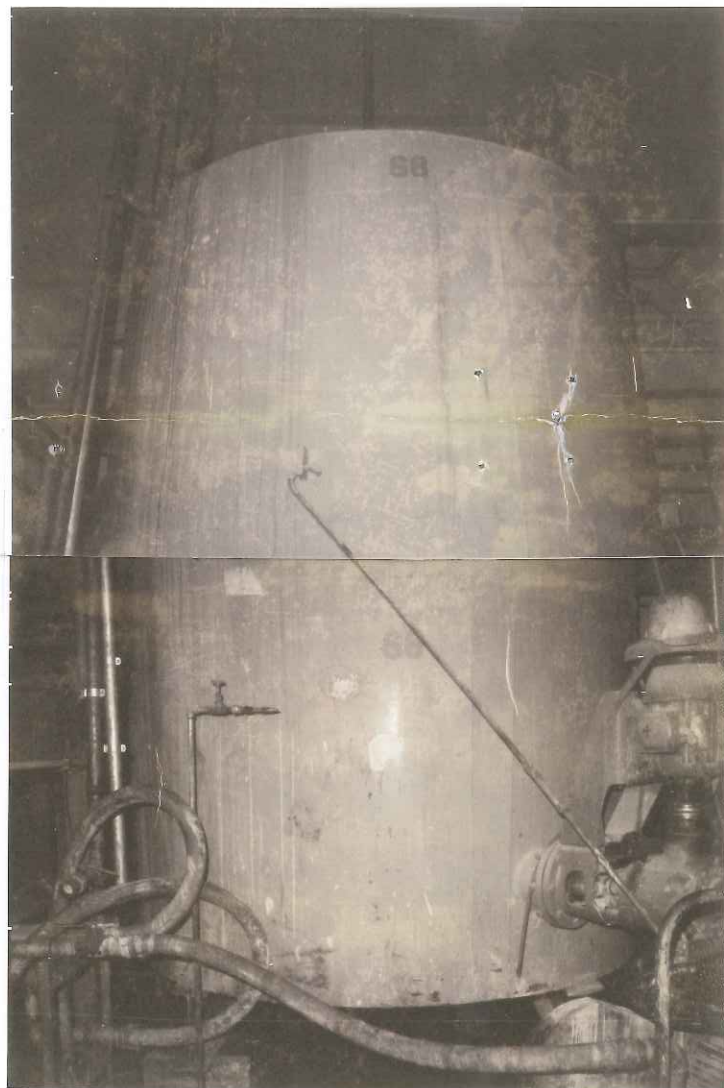
1,000 gal CATCH BASIN



NORTH SIDE OF
TANK 69

PAGE 7 OF 8

TURTLE WAX



NORTH SIDE OF

TANK 68

DATE OF PHOTO AUG '80

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

1LD005138771

PLEASE PLACE LABEL IN THIS SPACE

000207 AUG 15 80

PART A WITHDRAWAL APPROVED -
TSD DELETED

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III blank. If you did not receive a preprinted label, complete all items. "Installation" means a site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

1LD005138771 A 800818

I. NAME OF INSTALLATION

TURTLE WAX INC

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

35655 WEST 73RD STREET

CITY OR TOWN

CHICAGO

ST.

IL 60638

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

SAME

CITY OR TOWN

SAME

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

HERNANDEZ MANUEL VP OPERATIONS

PHONE NO. (area code & no.)

312-284-8300

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

Multi-owner

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☒ C. TREAT/STORE/DISPOSE☐ B. TRANSPORTATION (complete item VII)☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. - FOR OFFICIAL USE ONLY														
S	W 1000513877													T/A C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U 1 0 7	U 1 2 2	U 2 2 6			
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

MANUEL E. HERNANDEZ
VICE PRESIDENT / OPERATIONS

8/12/80

EPA Form 8700-12 (6-80) REVERSE

AUG 14 1980

FACILITY ID NUMBER

COMPANY NAME

ILD005138771

Puffin Blax Inc

COMPANY ADDRESS

COMPANY ADDRESS
5655 West 73rd Street

CITY

CONTACT PERSON'S NAME/TITLE

Chicago

STATE ABBREV.

I	7
---	---

ZIP CODE

6	0	6	3	∞
---	---	---	---	---

TELEPHONE NUMBER (INCLUDE AREA CODE)

Receptionist / the manager

CONTACT RECORD

DATE _____

CONTRACTOR'S
INITIALS

ITEMS DISCUSSED/RESOLUTION

12/01/82 BB

Ownership / Multi-ownership, however the contact person is still Mr. Hernandez.

[illegible]

PAF



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

ILD005138771

REACKNOWLEDGEMENT

TURTLE WAX INC
5655 W 73RD ST
CHICAGO

IL 60638

INSTALLATION ADDRESS

5655 WEST 73RD STREET
CHICAGO

IL 60638

PS Form 3811, Jan. 1979

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

● SENDER: Complete items 1, 2, and 3.
Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one.)
- ☐ Show to whom and date delivered.....¢
- ☐ Show to whom, date and address of delivery.....¢
- ☐ RESTRICTED DELIVERY
Show to whom and date delivered.....¢
- ☐ RESTRICTED DELIVERY.
Show to whom, date, and address of delivery.\$ ____

(CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:

Hernandez Manuel
5655 W. 73rd
Chicago IL 60638

3. ARTICLE DESCRIPTION:

REGISTERED NO.	CERTIFIED NO.	INSURED NO.
	313829	

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE ☐ Addressee ☐ Authorized agent

Edna Bramson

4. DATE OF DELIVERY

10-9-81

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE:

CLERK'S
INITIALS



EPA REGION 5 PRINTING REQUEST FORM

Name: Sharon Travis

Mail Code: LP-9J

Phone Number: 6-6533

Division: LCD

Are these sensitive documents requiring control? Yes ☐ No ☒

Number of original sheets ☐

Number of copies requested ☐

Output 2-sided ☐

Single Sided ☐

Number of boxes ☐

Date Submitted 5-27-15

Work needed 6-3-15

Collated Y or N ☐

Staple Y or N ☐

Please select the following paper size

Standard ☐

Legal ☐

11 x 17" ☐

Special instructions: paper color, pick-up or drop off service, special handling instructions.

FOIA # 15-007277

TO BE SCANNED

ILD 005 138 771 Superior Mfg.

Please note: We are not allowed to make copies of copy written materials without permission from the originator. Please check to make sure your documents are not under copy written protection.

OPERATOR NAME:

5-27-15 Craig

TIME STARTED:

9:20AM

TIME COMPLETED:

9:30AM

TOTAL TIME:

10min